ILLINOIS WORKERS' COMPENSATION COMMISSION NOTICE OF MOTION AND ORDER

ATTENTION. You must attach the motion to this notice. If the motion is not attached, this form may not be processed.

		Case #	_ WC
Employee/Petitioner			
v.			
Employer/Respondent			
ТО:			
On, at	or :	as soon thereafter as po	ossible, I shall appear before
the Honorable			
his or her place at	, Illi	inois, and present the a	ttached motion for:
Change of venue (#3072)	Fees under Se	ction 16 (#1600)	Reinstatement of case (#3074)
Consolidation of cases (#3071)	Fees under Section 16a (#1645)		Request for hearing (#R33)
	Hearing under Sect.19(b) (#1902)		Withdrawal of attorney (#3073)
Dismissal of attorney (#3052)	Penalties under Sect. 19(k) (#1911) Other (explain)		
Dismissal of review (#3085)	Penalties unde	r Sect. 19(1) (#1912)	
Signature Petitioner Respo	ndent	Street address	
Attorney's name and IC code # (please print) 1		City, State, Zip code	
Name of law firm, if applicable		Telephone number	E-mail address
	Ord	ER	
The motion is set for hearing on			
Signature of arbitrator or commissioner		Date	
	Ord	ER	
The motion is Granted	Withdrawn	Continued	to
Denied	Dismissed	Set for tria	l (date certain) on
Signature of arbitrator or commissioner		Date	

PROOF OF SERVICE

If the person who signed the Proof of Service is not an attorney, this form must be notarized.

I,		, affirm that I delivered mailed with proper postage		
in the city of	a copy of this form			
at	on	to each party at the address(es) listed below.		
		Signature of person completing <i>Proof of Service</i>		
Signed and sworn to before	e me on			
Notary Public				

¹ The Workers' Compensation Commission assigns code numbers to attorneys who regularly practice before it. To obtain or look up a code number, contact the Information Unit in Chicago or any of the downstate offices at the telephone numbers listed on this form.